SOME RELICS OF

PAST MEDICINE AND SURGERY.

WILLMORE.

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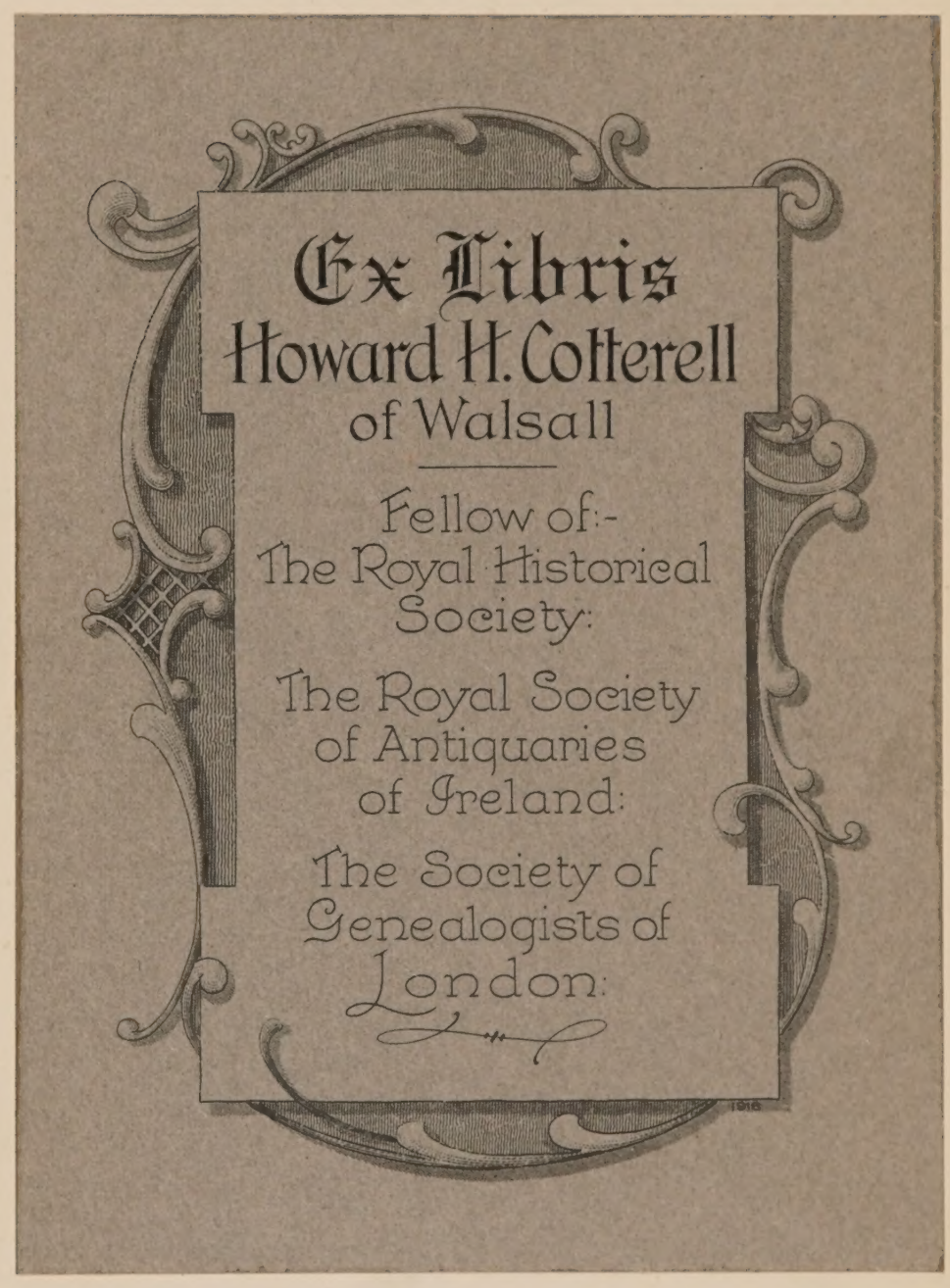

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IN THIS

PART OF THE COUNTRY.

BY

F. W. WILLMORE.

(Presidential Address to the Walsall Medical Society, February 21st, 1901).

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SOME RELICS OF PAST MEDICINE AND SURGERY IN THIS PART OF THE COUNTRY.*

BY F. W. WILLMORE, PRESIDENT.

It is sometimes a relief to the medical mind in its limited moments of leisure to look far away from the hurry and onward stress of the medical science and progress of the present. We live so much in daily contact with medical periodical literature, with records of series of cases by specialists in our great towns, with statistics of one kind or another, with solemn meetings often as dry as dust, where specimens are shown and papers, some of value and others the reverse, are read, that it may not be unwise or undesirable at times to delve in the pages of a remote past (which, to my mind, is one of the most delightful of human pursuits), and wander among the pillars and pilasters of old medical art, some cast down never to rise again, and others erect with added ornament, the accretion of centuries, which still help to support the great modern super-structure. I propose to-night to recall a few local facts bearing upon this subject, to remind you of a few names, which ought not easily to pass into oblivion, those of men whose literary labours were and are of large value, whose courage and prowess in surgery were conspicuous, when anæsthesia was unknown, when the agony, both of anticipation and reality, was amenable only to opium and hemlock.

It is inevitable and moreover most desirable that in this newly organised society we should have papers and discussions of mutual advantage and instruction to ourselves, but for once

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* Presidential Address to the Walsall Medical Society, February 21st, 1901.

in a way, on this inaugural occasion, I venture to break over the traces, and dwell for a brief space in a half-forgotten past.

First, let us take a brief glance backward for a century or more, and endeavour to diagnose the medical position antecedent to that time. It is astonishing how little we actually know prior to the year 1800 of the state of medicine or surgery in general, and in this part of the country still less.

The College of Surgeons of England dates its orgin from 1461, when it appears as the Company of Barbers of London and the Company of Surgeons of London. In a list of officers of Heriot's Hospital, London, compiled shortly before this, is the entry, "One Chirurgeon Barber, who shall cut and poll the hair of all the scholars of the Hospital, and also look to the cure of all those within the Hospital who anyway shall stand in need of his art." The present Barber's pole, with bason and twisted spiral, symbolising the winding of a ribbon round the arm previous to blood-letting, is a striking reminder of the dual connection. Not until so recently as 1745 were the Surgeons of London separated from the Barbers of London and made a distinct corporation.

Equally curious was the association of the Apothecaries with the Grocers, these being really synonymous terms.

In 1543 an Act was passed which deals mainly with the ignorance and stupidity of the London surgeons, and which provided for the toleration and protection of the irregular practitioners, who afterwards acquired the distinctive name of apothecaries. Thomas Linacre, Physician of Henry VIII., established in 1518 the College of Physicians, of which he was the first President. The direct object of this incorporation was "to check men who profess physic from avarice rather than in good faith, to the damage of credulous people."

At this early period all three of these companies seem to have been strictly limited to the City of London and a radius of seven miles round.

The Universities of Oxford and Cambridge provided practitioners in a sparse degree for the large towns throughout the

country. In the rural districts medicine was the domain of the clergy—the rough and crude surgery of the day was the almost exclusive province of the barbers.

Let us pause for a moment, as a preface to my subject, to review some few local names which have survived the lapse of centuries :—

Dr. Richard Caldwell was a Staffordshire man, having been born at Leek. He was an M.D. of Oxford in 1555 ; a few years later he went up to London, passed the essential examination for the F.R.C.P., and was President of the College in 1570. He was the founder of the Lumleian Society, the author of several treatises on physic, and translated the table of surgery by Horatio Moro, of Florence. He died in 1585, and was buried at St. Benet's, near Paul's Wharf, London.

To the curious and ancient amongst us, the name of Sir John Floyer of Hints, may not be unfamiliar. He was also a Staffordshire physician of high repute, and practised in St. John's Street, Lichfield, about 1694. He was a Fellow of the Royal Society, and is mentioned in the *Tatler* as a writer on cold bathing. He it was that influenced the mother of the great Dr. Johnson to take her son to London to be touched by Queen Anne for the cure of the scrofula or King's evil, "which disfigured a countenance naturally well formed, and hurt his visual nerves so much that he did not see at all with one of his eyes." From the time of Edward the Confessor, "the touch" had devoutly been deemed a regal privilege, and in this instance it appears to have been a magic one, for we hear very little subsequent complaint of the disorder. Sir John was a voluminous writer, and was Physician to Charles II., and won for himself the honour of Knighthood by the eminence to which he rose in his profession. His principal medical works were Pharmakotasanos, or the Touchstone of Medicines, in two volumes ; an enquiry into the right uses of the Hot, Cold, and Temperate Baths in England ; a History of Cold Bathing ; the Physician's Pulse Watch ; a Treatise on the Asthma, and other medical and religious enquiries.

Another local name was that of Richard Wilkes, doctor of physic, who was born at Willenhall in 1690. In 1717 he was a Fellow of Cambridge, and subsequently practised as a Physician in Wolverhampton, and, being an M.A., was also curate of Stowe-by-Chartley. "He gave up the Church," in disgust at the manner in which preferment is usually bestowed, and commenced practice in Wolverhampton. He was Linacre Lecturer in 1718, and, in addition to other works, published an Historical Essay on the Dropsy. Dr. Wilkes was also a great antiquary, and left a large folio volume of 300 pages of original collections for the history of Staffordshire, which were much used by Shaw in his history of the county. This is now one of the treasures of the Salt Library at Stafford. He died of gout in the stomach in 1760, and lies buried at Bilston.

Another name still well remembered in medicine is that of Dr. Robert James, an M.D. of Cambridge, who practised in Lichfield and Birmingham about 1730. He was the inventor of Dr. James' Fever Powder, a nostrum which was for a long time violently opposed by the Faculty, but which, as Pulv. Antimonialis, found a place in the London Pharmacopœia. After his death, in 1776, it brought in a noble fortune to his family. He was, when at Lichfield, a great friend of Dr. Samuel Johnson, to whom he taught a good deal of medicine. "My knowledge of physic," says the latter, "I learned from Dr. James, whom I helped in writing his Medicinal Dictionary." We are told that Dr. James was somewhat rough and unpolished in his manner, and not a little addicted to the pleasures of the bottle, a failing at that time said to be by no means uncommon amongst physicians. Dr. James was a very voluminous writer. In addition to his Dictionary, 3 vols. folio, he published volumes on Endemical Distempers, the Practice of Physic in 2 vols., on Canine Madness, The Dispensatory, a Dissertation upon Fevers, a Vindication of the Fever Powder, and a short treatise on the Disorders of Children.

The Darwins of Lichfield were another remarkable medical family. Erasmus Darwin settled as a physician in Nottingham,

in 1756, but removed the same year to Lichfield, where he practised and wrote for nearly thirty years. He was a philosopher, physiologist and poet, as well as a physician, and amongst his writings on many subjects was one on the "Comparative View of the Theories and Practice of Drs. Cullen, Brown and Darwin."

His son, Charles, studied medicine in Edinburgh, and discovered a test "by which you may distinguish pus from mucus," for which he received a gold medal from the University. He died there from blood poisoning. The grandson of Erasmus, Charles Darwin, one of the greatest naturalists of modern times, can only be considered indirectly as a Staffordshire man, having been born at Shrewsbury.

Charles Darwin, son of Erasmus, died in 1778, an important date from a surgical point of view. The "father of scientific surgery," was almost at the zenith of his fame, and the science and art of surgery was just emerging from the hands of the "mechanics." At that time the only local charitable institution nearer than Worcester was the Stafford Infirmary, opened in 1772, and there appears at this period in the large town of Birmingham, only a small Infirmary connected with the Poor House. Of special surgery there seems to have been nothing, save only the wandering lithotomists or stone cutters as they were called. Stone in the bladder was then very prevalent, especially in the Midlands, and in Norfolk, which seem to have been special centres. The great collection of stones at Norwich is one of the sights of that ancient and interesting city. The foundation of the Infirmary at Stafford was succeeded by another great effort to establish a like institution in the great town of Birmingham, which then contained a population of about 35,000. After encountering great difficulties, not unmingled with much opposition, the General Hospital, "near" Birmingham (as it was then styled), was finally opened in 1779, fourteen years after the first meeting had been held on its behalf, and Dr. Ash and seven colleagues were appointed as the staff.

These eight may, more or less, be looked upon as the originators or the Birmingham school of medicine and surgery.

Dr. Ash had a wide reputation in Birmingham and the surrounding counties, and a fine portrait of him, by Sir Joshua Reynolds, may be seen in the Art Gallery there, in his robes as a Doctor of Medicine of Oxford, and in the full wig of the time. He was not a great writer, but published a lengthy essay on the Waters of Spa and Aix-la-Chapelle, which were then rising into prominence. In 1787 he took up London practice, and in 1790 was the Harveian Orator. He died in London, in 1798.

Dr. Withering, who practised in Stafford and Birmingham, was one of the most eminent botanists of his time. He wrote a number of books, including one on The Vegetables which Grow in England; and to him we owe the introduction into medicine of Digitalis. He was the discoverer of the native carbonate of Barytes, which is called Witherite, and his name still lives in a genus of plants called Witheringia. There is a very good monument with a bust of him in the old Church at Edgbaston.

Dr. Edward Johnstone came of an old and remarkable medical stock, which for more than a century gave physicians to Worcestershire and Warwickshire, and perhaps no name is better known or remembered in Birmingham than that of the Johnstones.

Dr. Bree, another of the early physicians, wrote an excellent work on Asthma, to which ailment he was for a long time a martyr. He was particularly susceptible to hair-powder, and dreaded the approach of a powdered footman. He, however, obtained a high repute as a curer of asthma, and was commissioned to relieve the late Duke of Sussex—a circumstance which finally led to his taking up London practice.

Another remarkable physician to the Hospital was Dr. John Johnstone, who was a master in his profession, and also a celebrity in letters. He wrote the life of Dr. Parr, which is styled by Bishop Butler "a fearless, manly, and noble

specimen of biography." He was the author of an essay on Mineral Poisons and Medical Jurisprudence. He was Harveian Orator in 1819, and was elected President of the Provincial Association of Physicians and Surgeons, at that time the most powerful associated body of medical men in the country.

Dr. Male in 1802 produced a treatise on Jaundice, and obtained a high repute in medical literature. He has been styled the father of medical jurisprudence in this country, having written the first complete English treatise upon the subject. At this time medical men appear to have been grossly ignorant in the matter, and their performance in the witness-box was stated to have been "a disgrace to the age." The famous trial of Captain Donnellan for the murder by poison of Sir Theodosius Boughton is a case in point. Dr. Male writes with shame that a medical man first declared the symptoms of the disease to have been produced by arsenic—a statement which he afterwards altered to laurel-water. The indictment was made out that death was caused by arsenic, but during the trial a conviction was sought and obtained on the hypothesis that it had been caused by laurel-water. No poison was found, and no absolute proof that any had been administered. In the present day such a conviction could not be obtained upon such loose evidence, and indeed would hardly be sought for. By a curious coincidence, the author of this learned book accidentally poisoned himself with monks-hood.

I now turn for a few moments to the early surgeons of this institution and their surgical work.

Mr. Kennedy has won for himself an imperishable name as being the first to introduce the many-tailed bandage; "as honourable amongst its brother bandages as a many-tailed pacha among his inferior colleagues."

Dr. John Freer was a born surgeon and related to a whole family of surgeons, one of whom still practises in Stourbridge. Unfortunately he died at an early age, and, although an excellent surgeon, left no writings behind.

It is still a tradition in Birmingham that Mr. Tomlinson was one of the most expert operators of his time. The truth is that operative skill about the years 1780-1790, excepting in the metropolis, was at a discount almost everywhere. "There were good operators in Norwich, and one at least at Leeds, Manchester, and Liverpool, but it would seem that there were wide districts throughout England where no competent men could be found to undertake any serious major operation. Truly was surgery then at a discount.

We now come to Mr. George Freer, a brother of the John of whom I have just spoken. His great title to renown was an operation performed at the hospital on October 4th, 1806, which is still held as a white day in the history of that institution. The man, a Scotch smith, had a vast aneurism of the femoral artery. Consultations were held, but the other surgeons were averse to any operation. Arrangements were made to send him to London to Abernethy, then at the height of his fame, and who had once, and for the first time, tied the external iliac in a similar case, but without success. It had been done a second time in London, but again unsuccessfully, for the limb mortified. The tumour, it is said, "increased to an enormous size, and beat like the poor smith's own sledge hammer, raising the bed clothes with its frequent and strong pulsation." An operation seemed almost a hopeless experiment, but George Freer did it, and at the end of a few weeks the man was able to walk two or three miles. Freer wrote a book on the subject of Aneurism, which was illustrated in a remarkable manner by Mr. Joseph Hodgeson, his pupil, who was himself also destined to win a wide renown in connection with diseases of the vascular system. One of the engravings in this book depicts this particular patient, a fine sturdy man, with a big, apparently lobulated tumour, curving over Poupart s ligament, and extending midway down the thigh. The details of this operation, the first successful case of the kind, were conveyed to London, where they attracted universal attention to the hospital where it had been performed, and won for Freer the lasting friendship of

Abernethy, the "Surgical King of Bartholomew's," as he was then called. Freer was also one of the earliest to recognise the value of compression in the treatment of aneurism. Curiously enough, he died from aneurism or thrombosis of that artery, the tying of which had given him so much fame, and he was long lamented as a surgical luminary.

Mr. Tomlinson, of whom I have already spoken, soon followed Freer in the operation of tying the external iliac. He applied only one ligature, and, of course, left the artery undivided. The case was completely successful, and in his own account of it he says, "I do not mean to arrogate any undue praise to myself . . . but to convince the world that our profession is advancing very rapidly, and that the capability of performing the most complex and difficult operations is not confined to the metropolis."

One other name can hardly be left out from the pioneers of Birmingham surgery, although his connection with the hospital was a little later in date, and that is Mr. Joseph Hodgeson. In 1811 he published an Essay on the Diseases of the Arteries and Veins, which gained the Jacksonian Prize, and the publication of which at once gave Mr. Hodgeson a great reputation both in this country and on the Continent, where it was translated into French by M. Breschet, one of the most illustrious members of the School of Paris. This volume, as well as those I have already mentioned, is now extremely rare, but they will always remain valuable as so many lasting landmarks on that memorable journey, which has elevated the modern medical science of to-day far above the helplessness and credulity of little more than a century ago. Amongst Hodgeson's patients was the great Sir Robert Peel, and he had the melancholy duty of attending the great statesman in conjunction with Sir Benjamin Brodie, when he met with his unfortunate and fatal accident. He afterwards became Examiner in Surgery at the University of London, President of the Medico Chirurgical Society, and a Member of the Council of the Royal College of Surgeons, honours no provincial surgeon had ever before received. He

was also the founder of the Birmingham Eye Hospital, and was the first surgeon in this part of the country to undertake the operative surgery of that organ. This distinguished surgeon will always be honourably remembered as the inventor of the screw for the lithotrite, and also for being the first English surgeon to perform in Birmingham the operation of crushing for stone as it is now done.

Enough, I think, has now been said to show that the commencement of the nineteenth century was closely coincident with a great and progressive change, which came over the medical history of this neighbourhood, that this change emanated from the great town of Birmingham, where a hospital of 100 beds had just been opened; officered by men of ripe talent and experience, and that from this time a rapid development of medical and surgical knowledge took place. The pre-eminence of London as a surgical centre had been questioned, and the patient requiring a severe operation need no longer be sent on a tedious and toilsome journey, but might remain with better chances in his own town. During the first and second decades of the 19th century many hospitals and institutions were started—the North Staffordshire Infirmary in 1815, and the Birmingham Medical School in 1828. Wolverhampton Hospital was not opened until 1849, and our own Cottage Hospital in Walsall not until 1863.

Let us now revert for a few moments to the close of the eighteenth century, and attempt to answer the inevitable question which must suggest itself to most of you—viz., Was there at this time no surgery outside our big neighbour Birmingham? The reply is, Very little of which we have any trace of. Reflect, that around was no solitary institution; no records, not a paper, not one word. Moreover, in the absence of anæsthetics, patients (perhaps, with the exception of unavoidable amputations) were only impelled to the surgeon's knife by intolerable, unbearable pain; many sufferers preferred death. Take, for instance, our own little town (Borough and Foreign), with about 8,000 inhabitants, with three or four

surgeons, and one midwife and no surgeon at all at Bloxwich, no single item of knowledge that I am aware of has survived; and yet operative surgery, even though rough and perchance rude, must have had some existence, but not until 1850 do we find any local recorded case. In 1849 Dr. Elkington, of Birmingham, published a case of ovariotomy in that town, and in the following year that operation was done on a woman at Caldmore by Mr. John Day, of Walsall, and published in the *Provincial Medical Journal*, the woman making an excellent recovery. This happened seven years before Spencer Wells appeared on the surgical scene as an ovariotomist.

There was, however, at this time one class of specialist whom we must not ignore, and that was the itinerant lithotomist, of whom, perhaps, the most remarkable was the poor unpretending French Friar named Frère Jacques, who, with his experience of nearly 5,000 cases, won an European fame, never before equalled. Another distinguished lithotomist was Raw, a Dutch surgeon, who is said to have perfected the methods of Jacques, and to have cured a larger proportion of cases than had ever before been known. He refused to impart his exact procedure to anyone, and died, carrying his secret with him to the grave. In England the great surgeon Cheselden tried hard to recover the track of Raw, but had the chagrin of seeing four out of his first ten cases expire. This would be about 1723, and, as shewing what an advance English Surgery had made since that time, I may quote the words of a Birmingham stone cutter, named Gutteridge, who, in a letter written in 1857, and addressed to the public generally, remarks, "I have operated upon one hundred persons, and have failed to cure only four." He says, somewhat self-assertively we may now think, "my operation consists of a due combination of incisions of parts, ascertained by extended experience to be capable of being safely severed, and of implements, with which the successive stages may be most surely and with least danger accomplished. I have, if I understand myself aright, eliminated order, simplicity, and precision out of a chaos of elements, discordant

notions, and diverse practices that have long existed and which still prevail." He gives a record of 127 cases, mostly from Walsall and this immediate neighbourhood. These cases were all done at the patients' own homes, and in presence of the ordinary medical man.

One moment more, and I leave the subject of stone in the bladder. It was during the peripatetic career of Gutteridge, that a new method of lithotomy came into vogue, and was largely practised. This was the median operation, invented, and its details perfected by Mr. Allarton of West Bromwich, who published his large local experience in "Lithotomy simplified, or a new and successful method of operating for Stone in the Bladder." His strong advice, to have "the left index finger thoroughly greased," is in striking contrast to the aseptic methods of to day. But those words were written sixty years ago.

A few words in conclusion to this rather erratic paper. Do we ever really reflect on the unhappy plight both of operator and patient in those old pre-anæsthetic days, on the agonies of physical pain and the struggling, shrieking sufferer, held down by main force, and kept as steady as was possible for the surgeon. Now and again we get a ghastly glimpse of such a scene, occasionally even a living narration. Thus, over sixty years ago, a Walsall man suffered amputation of the thigh for accident. His mouth and face were covered with a blanket, and he was firmly held down, whilst the late Dr. Burton removed the injured limb. Evidently he suffered severely from shock, for the skin incisions were not felt, the cutting of the bone caused acute, but momentary pain. He did not notice the loss of the limb until two days afterwards

Contrast these sensations with the following:—At the battle of Talavera, in 1809, a Captain Boothby sustained a compound fracture of the leg from a cannon-shot. Two days later, after suffering great agony and a jolting journey of some miles, the surgeons and their instruments arrived, and he was placed on a table. "Mr. Miller," he says, "wished to place a handkerchief

over my eyes, but I assured him that it was unnecessary. The tourniquet being adjusted, I saw that the knife was in Fitzpatrick's hand, and I averted my head. The details of the operation were, perhaps, more shocking to reflect upon than to experience. It is a common idea that the most painful part of an amputation lies in sundering the bone, but the only part of the process in which the pain comes up to the natural anticipation is the first incision round the limb, by which the skin is divided, the sensation of which is as if a prodigious weight were impelling the severing edge. The sawing the bone gives no uneasy sensation, or, if any, it is overpowered by others more violent." After enduring intense sufferings and the privations of a prisoner of that time, he ultimately recovered his health and his liberty. He was a brave Englishman, and who can say how far his heroic courage contributed to recovery under such trying circumstances?

One more illustration and I have done. At the storming of Bergen in Holland, in 1814, a Walsall man named Thomas Jackson, a sergeant in the Coldstreams, was shot in the middle of the leg. He says, "I did not then suppose I had been hit by a ball, but thought it had been from the blow of a musket. However, the leg doubled under me and let me down." After enduring untold troubles, he got surgical attention two days afterwards. Before the operation he drank a pint of red wine, which wrought a wonderful effect, and as he says, 'raised up my spirits to an invincible courage.' 'Now gentlemen,' said I, 'go on, if you please.' The surgeon was preparing to blindfold me—'O, no,' I said, 'I shall sit still and see as well as the rest.' One of the surgeons sat on a stool to hold the leg steady, the second ripped up my trousers and took down the stocking low enough. The head surgeon, with a knife, much like that of a shoemaker's, took his place at my right hand (it being the right leg to be amputated), the tourniquet being placed painfully tight above the knee. He put his hand under the calf of the leg, and setting the edge of the knife on the shin bone, at one heavy, quick stroke, drew it round till

it met the shin bone again. All eyes were fixed on me, but I was too high spirited then to give way. The blood, quickly following the knife, spread around and foamed like a beautiful red fan downwards, at the sight of which the Dutch lookers on screamed. Next, the surgeon with his hand forced up the flesh towards the knee to make way for the saw. When the saw was applied, I found it extremely painful, it was worn out, it stuck in the way, as a bad saw would when sawing a green stick. I said, 'O sir, have you not a better saw?' He said he was sorry he had not, as they were all worn out. The bone got through, the next thing to be done was still more painful, that of tying up the ligatures; then followed the drawing down of the flesh to cover the end of the bone and tightly strapped there with strips of sticking plaister, after this, strongly bandaged, and thus ended the operation which lasted about half an hour." After two years of torture and constant exfoliation of bone, this man's stump finally healed. He settled down in his native town of Walsall, and was living here in the year 1847.

I now bring these fragmentary remarks to a conclusion, only hoping that the few facts I have been able to adduce will illustrate that, as members of a noble profession, we have no reason to be ashamed of our connection with the Midlands; and also that during the century which has just closed upon us there has been a gigantic advancement in our art—so great that we can at present barely realise it.

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